

APR 1 1926

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Weekly Bulletin



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Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. V, No. 7

MARCH 27, 1926

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EDITOR

COMMUNITY HEALTH.

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Community health is nothing more than the sum total of the individual health of each resident of the community. It is obvious then that the health of the community can be no better than the health of the people who make up the whole population. The health of each must be the concern of all. The general economic condition of the community, its prosperity, commercial prestige and progress are dependent absolutely upon the health of its people. A sick person is never an asset to his fellowmen—he is always a liability, regardless of his financial condition. If he is without funds, community taxes must pay for his support; if he is independent financially, his disability prevents his participation in the economic and social advancement of the community. A group of physical bankrupts is as great a handicap in the development of community prosperity and welfare as is a group of financial bankrupts. It is of as great importance that an individual maintain his health as it is that he maintain his credit. Furthermore, loss of health may soon lead to loss of credit. In the last analysis, life depends upon health. Without health, there is nothing.

Inquiries from residents of other states who propose to make their homes in western states continually include the question "What are the local health conditions?" Prospective residents want to know if there is malaria present. They

want to know the rates for infant mortality and typhoid fever. They ask about the water supply and the sewerage system. Until recently, such inquiries concerned climate only: now they are based also upon established advantages for health with special reference to facilities for the welfare of children. Community responsibility for disease prevention is certainly as great as is community responsibility for crime prevention and property loss by fire. The public health department is as essential as the police department and the fire department. The provision of health officers, sanitary inspectors and public health nurses is as necessary as the provision of detectives, patrolmen and firemen. The provision of laboratory supplies, transportation facilities and proper equipment of the health department is as essential as the establishment of a finger print system in the police department or the provision of chemical engines, trucks and hose in the fire department. Proper facilities for the isolation of cases of communicable disease rank in importance with the establishment of proper facilities for the detention of criminals, even though communicable disease may not be classified under the popular stigma associated with crime.

Advances made in the control of communicable disease constitute one of the most outstanding of all contributions to community progress. It is being demonstrated every day in many California

cities and counties that the scientific procedures of public health administration save lives, extend longevity and make for increased happiness. Diphtheria, the arch-slayer of young children, is being conquered, absolutely, in those communities where modern scientific methods of prevention are applied consistently. Smallpox is unknown where people are successfully immunized against this most easily prevented of all communicable diseases. Typhoid fever, through the provision of pure milk and water supplies as well as individual immunization, is being reduced in prevalence to an almost negligible position. Even scarlet fever gives definite promise of being placed among the preventable diseases. Trained health officers with trained assistants are demonstrating these facts with absolute certainty. In fact, the development of sound public health procedures for preventing disease is far more rapid than is the provision of the machinery necessary for the application of their beneficent effects upon the general public. No less an authority than Dr. William H. Welch, Head of the School of Public Health and Hygiene, The John Hopkins University, said a few weeks ago:

"There is a conscious effort to arrive at a better balance between production and distribution in the health field—to secure a larger distribution and application of the great public health discoveries of the last few decades. The health field has a woefully ineffective distribution service, as compared with the marvelously effective production service in the laboratories of the world."



Los Angeles Goes In For Vaccination.

The Los Angeles City Department of Health advises that more than 300,000 individuals have been vaccinated against smallpox by the department's staff during the period dating from January 1, 1926 to March 6, 1926. Of these, at least 120,000 are pupils in the public schools, 65,000 are employees in the industries and 5,000 are inmates of institutions. Many thousands of vaccinations have also been done by private practitioners of medicine—just how many is not known.



"Stupidity does not mean that we have not understood, but that we act as if we had not understood. To know that which is good and to do that which is bad; knowing and deliberately inflict pain upon ourselves, that is stupidity. Better to be devoid of intelligence than to make such deplorable use of it."

Palo Alto Issues Annual Health Report.

The annual report of the City Health Department of Palo Alto, Louis Olsen, Health Officer, has just been published. It covers the calendar year ended December 31, 1926, and recites in interesting style the advance of public health in Palo Alto. Low death rates and low communicable disease incidence have, during past years, been experienced regularly in Palo Alto. The year 1925 was no exception. At a per capita expenditure of 97.6 cents the activities of the department were carried on efficiently. The accomplishments of the year show in the record, of which the following is a part:

"The death rate from all causes has declined the last three years and in 1925 was 7.4 per thousand of population. This is the lowest figure for the last eight years, excepting only 1922 when the rate was 6.9.

As has been done for a number of years in Palo Alto reports, the death rate from preventable causes is taken as a more reliable criterion upon which to judge the effectiveness of health protective work. The figures are made the more interesting and instructive by comparison with similar figures for the state.

The death rate from preventable causes in Palo Alto for 1925 was 1.32, this being the lowest rate since 1917. The rate has declined quite steadily since the influenza epidemic of 1918. It has been stated that the average death rate in this country from preventable causes is about 5. In recent years the California rate has approximated 4.5, being 4.4 in 1924. Figures for the state for 1925 are not available at the time of the writing of this report. Had the Palo Alto death rate from preventable causes been 4.4 in 1925 instead of 1.32, 46 persons would have died from these causes instead of 14.

The death rate from tuberculosis in Palo Alto has been below 100 per 100,000 of population since 1911 and in 1925 was 28 per 100,000.

The number of communicable diseases occurring in a community forms perhaps the best index of health conditions. Unfortunately a complete and accurate report is difficult to get. Also, the city with an active health department will get a large percentage of its cases reported while the place where no work is done will report only a few. The number of deaths from communicable diseases is usually used as a basis for determining

the completeness of reporting. With the exception of deaths from tuberculosis and pneumonia, the deaths from communicable diseases in Palo Alto in recent years have been practically nil.

For 1925 there were reported 32.4 cases of communicable disease per 1000 of population as compared with 31.4 for 1924 and an average of 36.8 for the last 15 years. This includes all cases except influenza. Since the institution of active health work there has been an absence of epidemics of the more serious communicable diseases such as diphtheria, scarlet fever, smallpox and typhoid fever."

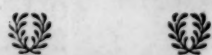


Will Examine Pre-school Children.

During the past two years the Bureau of Child Hygiene and the State Board of Education have worked together to improve the general health of little children by arranging for complete physical examinations, during the spring, for all children who are to enter school in the fall for the first time. These examinations are made in the presence of their parents.

A compilation of figures from these examinations shows that for every 100 children between the age of five and seven there are 255 obvious defects, a large proportion of which can be remedied by proper medical attention. The finding of these defects and the improvement of the general hygiene of the child by correct advice to the mother is the primary object of this campaign.

The Bureau of Child Hygiene is planning again for these examinations to take place between the first of April and the first of June, the exact date depending on local conditions.



Many Physical Defects Hidden in Children.

The average parent is blind to many of the physical defects that are so commonly found in children. He may think that his own child is 100 per cent perfect, whereas a physical examination at the hands of a skilled examiner may reveal hidden defects of which the parent had no knowledge. Very often the correction of any defects that may be discovered becomes a very simple matter. Undesirable foods or lack of the proper sort of food may produce poor nutrition in the child; faulty posture, including incorrect methods of standing or sitting, may often be corrected without much

difficulty. Diseased tonsils and adenoids, of course, require skilled medical service for their correction. The examinations of children about to be conducted throughout the state will go far toward the discovery of physical defects. Their correction is left entirely in the hands of the parents, who may seek any method of correction that they desire. In cases where parents may be unable to pay for the correction of any physical defects that may be discovered, provision will be made by local authorities to have the work done at little or no cost to the parents.



Science Does Not Insure Longevity.

Dr. Samuel J. Holmes, zoologist of the University of California and author of a number of scientific books and papers, says:

"Although scientists of today are able to keep human cells living far past the normal life of the organism from which they were taken, when these cells are in the body no such unnatural length of life is at all probable," he states.

The results of "test tube" science and other scientific experiments can not always be transferred to the human body, according to Dr. Holmes.

"While no man of science would want to say that immortality of the body, or increasing life to one hundred or two hundred years is impossible, it is extremely improbable. In science there is no exact truth, there is only a probability which may be large enough to yield practical certainty. I should say that it is not impossible to fly to the moon, or to have inter-planetary communication; but the probabilities for this are about one in many million."

Although the average length of life may have increased during the past century, the number of centenarians living today is probably no greater than it was in olden days; and the average person has no more chances of living forever than his dead ancestors had, says Dr. Holmes.

"Death has come inevitably in the past," he concludes, "and will doubtless continue to do so in the future."



MORBIDITY.*

Diphtheria.

132 cases of diphtheria have been reported, as follows: Berkeley 1, Oakland 3, Pittsburg 1, Fresno County 2, Fresno 2, Los Angeles County 6, Burbank 3, Compton 1, Long Beach

*From reports received March 22d and March 23d, for week ending March 20, 1926.

1, Los Angeles 77, Hawthorne 1, Maywood 1, Merced County 1, Salinas 1, Anaheim 2, Santa Ana 1, Corona 2, Riverside 1, Sacramento 4, San Diego 1, San Francisco 14, Stockton 1, Santa Cruz 1, Stanislaus County 1, Modesto 2, Tulare County 1.

Measles.

149 cases of measles have been reported, as follows: Berkeley 1, Oakland 22, Chico 1, Contra Costa County 1, Pittsburg 4, Fresno County 9, Fresno 1, Sanger 2, Susanville 1, Los Angeles County 1, Glendale 1, Long Beach 2, Los Angeles 17, Pasadena 3, Madera 1, Anaheim 1, Fullerton 2, Orange 1, Santa Ana 1, Sacramento 2, San Bernardino 13, San Francisco 62.

Scarlet Fever.

152 cases of scarlet fever have been reported, as follows: Alameda County 1, Alameda 1, Berkeley 4, Livermore 1, Oakland 9, San Leandro 3, Butte County 1, Chico 1, Contra Costa County 2, Fresno County 4, Fresno 1, Glenn County 1, Eureka 1, Imperial County 1, Los Angeles County 18, La Verne 1, Long Beach 4, Los Angeles 27, Pasadena 4, Pomona 1, Whittier 2, Maywood 1, Mill Valley 1, Monterey County 2, Monterey 2, Pacific Grove 3, Napa County 1, Orange County 1, Anaheim 1, Corona 4, Sacramento 10, San Bernardino County 1, Redlands 1, San Diego 5, San Francisco 15, Lodi 1, Stockton 1, San Jose 1, San Luis Obispo County 2, Los Gatos 4, Rio Vista 2, Vacaville 1, Stanislaus County 1, Tulare County 2, Visalia 1.

Smallpox.

98 cases of smallpox have been reported, as follows: Alameda 1, Berkeley 1, Oakland 20, Placerville 1, Brawley 1, Kern County 1, Los

Angeles County 13, Compton 5, Huntington Park 1, Los Angeles 37, Pasadena 1, San Fernando 1, Whittier 1, Hawthorne 1, Sacramento 2, San Diego 2, San Francisco 2, Stockton 1, San Mateo County 1, Los Gatos 1, San Jose 1, Sonoma County 2, Stanislaus County 1.

Typhoid Fever.

10 cases of typhoid fever have been reported, as follows: Kern County 1, Monterey 2, Los Angeles 1, San Bernardino County 1, San Francisco 1, San Luis Obispo County 1, Sunnyvale 3.

Whooping Cough.

77 cases of whooping cough have been reported, as follows: Alameda 2, Berkeley 3, Oakland 3, Fresno County 4, Los Angeles County 5, Azusa 2, Long Beach 9, Los Angeles 9, Pasadena 7, Lynwood 1, Monterey County 7, Pacific Grove 2, Sacramento 2, San Bernardino 2, San Diego 4, San Francisco 4, San Joaquin County 1, Stockton 1, San Luis Obispo County 3, San Mateo County 1, San Mateo 2, Sonoma County 1, Lindsay 2.

Poliomyelitis.

6 cases of poliomyelitis have been reported, as follows: Oakland 1, Long Beach 1, Los Angeles County 1, San Jose 1, Los Angeles 2.

Epidemic Meningitis.

4 cases of epidemic meningitis have been reported, as follows: Ontario 1, San Francisco 2, Los Angeles 1.

Epidemic Encephalitis.

2 cases of epidemic encephalitis have been reported, as follows: San Jose 1, Tulare County 1.

COMMUNICABLE DISEASE REPORTS.

Disease	1926				1925			
	Week ending			Reports for week ending Mar. 20 received by Mar. 23	Week ending			Reports for week ending Mar. 21 received by Mar. 24
	Feb. 27	Mar. 6	Mar. 13		Feb. 28	Mar. 7	Mar. 14	
Anthrax.....	0	0	0	1	0	0	0	0
Chickenpox.....	464	550	438	394	442	525	369	346
Diphtheria.....	130	115	99	132	122	132	135	143
Dysentery (Bacillary).....	0	1	0	2	0	0	2	0
Epidemic Encephalitis.....	0	5	1	2	2	3	2	2
Epidemic Jaundice.....	0	0	0	0	0	0	1	3
Epidemic Meningitis.....	11	3	1	4	0	2	1	2
Gonococcus Infection.....	64	109	88	70	105	70	86	60
Influenza.....	393	163	64	73	113	125	280	156
Leprosy.....	1	0	0	0	1	0	0	0
Malaria.....	3	4	0	0	0	1	0	0
Measles.....	101	124	161	149	49	76	60	114
Mumps.....	413	340	443	334	222	246	294	296
Pneumonia (lobar).....	87	86	78	51	80	58	65	65
Poliomyelitis.....	2	3	2	6	2	4	3	2
Scarlet Fever.....	169	187	145	152	146	186	161	148
Smallpox.....	132	184	175	98	183	146	145	163
Syphilis.....	88	140	108	93	137	123	153	84
Tuberculosis.....	123	231	244	158	132	194	149	187
Typhoid Fever.....	6	6	5	10	3	15	7	6
Typhus Fever.....	1	0	0	0	0	0	0	0
Whooping Cough.....	59	75	66	77	240	286	327	269
Totals.....	2247	2326	2118	1806	1979	2192	2240	2046

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